

Due the 5th of EACH Month

## MONTHLY VACCINE REPORT FORM (Private)

VFC ID # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Person Filing Report: \_\_\_\_\_

Address: \_\_\_\_\_

Report for the Month of: \_\_\_\_\_ Year: \_\_\_\_\_

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age (In Years)								Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers and Outdates
					<1	1	2	3-4	5	6-9	10-14	15-18				
DTaP														Total DTaP ↓		
Hib														Total Hib ↓		
IPV														Total IPV ↓		
DTaP/ IPV/ Hep B														Total DTaP/ IPV/Hep B ↓		
Pneumo (PCV7)														Total PCV7 ↓		
PPV (23) High-Risk														Total PPV(23) ↓		
Rotavirus														Total Rota ↓		
MMR														Total MMR ↓		
Varicella														Total Varicella ↓		

Mail to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701  
HES-111B DPHHS (Revised 5/1/08)

Facility Address: \_\_\_\_\_

VFC ID# \_\_\_\_\_

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					<1	1	2	3-4	5	6-9	10-14	15-18				
Flu .25 Infant														Total .25 Flu ↓		
Flu .50 3-18														Total .5 Flu ↓		
Flumist														Total Flumist ↓		
Tdap														Total Tdap ↓		
Mening														Total Mening ↓		
HPV														Total HPV ↓		
Td														Total Td ↓		
Hep A 1-18														Total Hep A ↓		
Hep B 0-19														Total Hep B ↓		
Other														Total Other ↓		